

FORM **MEPS-12**
(6-16-98)

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
ACTING AS COLLECTING AGENT FOR
U.S. DEPARTMENT OF
HEALTH AND HUMAN SERVICES

Medical Expenditure Panel Survey
**HEALTH INSURANCE
COST STUDY**
Union Questionnaire

Collection of this information is authorized under Title IX, Section 902(a) of the Public Health Service Act. Sections 903(c) and 308(d) of that Act specify that all information will be held in strict confidence by the staff of the Agency for Health Care Policy and Research and their authorized contractors.

**RETURN
TO**

**Bureau of the Census
1201 East 10th Street
Jeffersonville, IN 47132-0001**

If you have any questions concerning this survey, please call 1-888-273-3878.

Paperwork Reduction Act and Burden Estimates – We expect that it will take 20 minutes, on average, per establishment, to complete the basic questionnaire. Establishments with more than one plan will take an additional 10 minutes per plan, on average, up to the maximum of four plans to be reported. In addition, we estimate that it will take 15 minutes to review the instructions and locate the requested information. You may send any comments regarding this burden estimate or any other aspect of the collection of information, including suggestions for reducing burden, to the following address: Director, Center for Cost and Financing Studies, Paperwork Reduction Project 0935-0105, Agency for Health Care Policy and Research, Executive Office Center, Suite 500, 2101 East Jefferson Street, Rockville, MD 20852-4908.

Please correct errors in name, address, and ZIP Code.
ENTER number and street if not shown. ↗

Union name

Secondary name

Number and street

City, State, and ZIP Code

A FEW IMPORTANT INSTRUCTIONS

**Start
here**

1. Please report for the union located at the address shown in the label above, unless otherwise specified.
2. Please report data for 1997, unless otherwise specified.
3. Estimates are acceptable.
4. Please refer to the Definition Sheet included with this package for explanations of any unfamiliar terms. If you have further questions or need assistance in completing the questionnaire, please call the number shown in the box above.

Section A – NUMBER OF PLANS

Health insurance coverage

Please respond for the location on the label above unless otherwise specified.

1a. Did you make available or contribute to the cost of any health insurance plans for your members in 1997?

For this survey, a health insurance plan is hospital and/or physician coverage made available to members.

- 001 1 Yes – Continue with Question 1b
2 No – SKIP to Page 9, Section D

b. How many different health insurance plan choices did you make available or contribute to for your members during your 1997 plan year?

Plans offered by the same insurance company which offer:

- Single and family plans providing the same level of benefits count as one plan.
- High and standard options count as two plans.
- An HMO and a conventional plan count as two plans.

Do not count single service plans (optional plans) such as dental or vision.

003 Continue with Page 2, Section B

Section B – PLAN INFORMATION

General plan information

FOR CENSUS USE ONLY

Complete Section B for the plan with the largest enrollment of members. If you have a plan name preprinted in the question 1a answer box on the right, answer for the plan specified.

1a. For 1997, what was the name of the health insurance plan with the largest enrollment of union members?

Examples:

- Blue Cross Blue Shield, High Option
- Option A
- Aetna HMO

b. What was the name of the insurance company or carrier providing this plan?

Examples:

- Blue Cross Blue Shield
- Alliance
- Charter Health

100

Name of plan

012

Name of insurance carrier

102

2. Which type of health care provider was available through this plan?

Exclusive providers – Enrollees must go to providers associated with the plan except in an emergency. There is typically no cost or a small fixed cost for each physician visit.

Any providers – Enrollees may go to physicians of their choice on a fee-for-service basis. The plan does not have any associated providers.

Mixture of preferred and any providers – Enrollees may go to a set of "preferred" providers associated with the plan or providers of their choice. If they go to a non-preferred provider, they face higher costs.

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- 1 Exclusive providers
(Examples: Most HMO, IPA, and EPO-type plans)
- 2 Any providers
(Examples: Most conventional or indemnity plans)
- 3 Mixture of preferred and any providers
(Examples: Most PPO and POS-type plans)

3. Did this plan REQUIRE that the enrollee see a primary-care physician in order to be referred to a specialist?

For plans with multiple options, answer for the "in-network" option.

104

- 1 Yes
- 2 No

4. Was this plan purchased from an insurance underwriter or was it self-insured?

Purchased from an insurance underwriter – Coverage is purchased from an insurance company or other underwriter who assumes the risk for enrollees' medical expenses.

Self-insured – Your organization assumes the risk for the enrollees' medical expenses and may charge a premium to members. This plan may be administered by a third party and may employ supplemental stop-loss insurance to limit unanticipated losses.

105

- 1 Purchased – SKIP to Page 3, Question 6a
- 2 Self-insured – Continue with Page 3, Section B, Question 5a

Section B – PLAN INFORMATION – Continued

Family coverage premiums

Report for typical situations and enrollees.
Report for a family of four if cost varies by family size.
If cost varies, report for an average employee.

8a. Was family coverage offered under this plan?

- 137 1 Yes – Continue with Question 8b
2 No – SKIP to Question 9a

b. For this plan, how much did the union contribute towards the plan premium of ONE TYPICAL member with family coverage?

- 135 , Union contribution
Report for the same premium period as in Question 7d.

c. How much did this typical member with family coverage contribute towards his/her own premium?

- 136 , Member contribution
Report for the same premium period as in Question 7d.

d. What was the total premium for this typical member with family coverage?

- 134 , **Total premium**
If this was a self-insured plan, this total should be the same as B5e on Page 3.

General premium information

9a. Did the PREMIUMS charged by the insurance company or carrier vary by any of these characteristics?

Mark (X) all that apply.

- 138 Age
139 Sex
140 Number of persons covered by a family plan
142 Other – Specify ↴
099

b. Did the amount a MEMBER CONTRIBUTED towards his/her own coverage vary by different member categories?

Examples: Full-time, part-time, seniority, worksite, occupation

- 143 1 Yes
2 No

c. Did any enrollee receive a direct subsidy or contribution towards any part of the premium from an outside third party?

Example: An employer or government paid a portion of the premium

- 122 1 Yes
2 No

10. Did this plan's premium include life and/or disability insurance?

Mark (X) all that apply.

- 144 Life insurance
145 Disability insurance
 No life and/or disability insurance covered by this plan

Section B – PLAN INFORMATION – Continued

Individual deductibles

11a. Did this plan have a deductible?

Deductibles – Predetermined amount which must be met by an individual before the plan will pay for covered services.

Many HMOs do not have a deductible.

- 151 Yes – Continue with Question 11b
 2 No – SKIP to Question 13a

b. What was the annual deductible an individual paid?

Report deductibles for care received "in-network" from preferred providers.

Enter physician care and hospital care amounts in appropriate boxes if separate deductibles apply.

If deductible is per overnight hospital stay, it is not an annual deductible and should be reported under 13b below.

146 \$, . 0 0 Individual annual deductible

OR

Separate deductibles for:

147 \$, . 0 0 Physician care

148 \$, . 0 0 Hospital care

Family deductibles

12a. Did this plan require that a specific number of family members reach their individual deductibles before the family deductible was met?

b. How many family members were required to meet their individual deductibles before the family deductible was met?

Report for typical situations and enrollees.

c. What was the total annual deductible a family paid?

Report for a typical family of four.

- 224 Yes – Continue with Question 12b
 2 No – SKIP to Question 12c
 Family coverage not offered – SKIP to Question 13a

150 Number of family members

149 \$, . 0 0 Total family annual deductible

Copayments

13a. Was hospital care covered under this plan?

b. How much and/or what percentage of the total bill did an enrollee pay out-of-pocket for an inpatient hospital stay after any annual deductible was met?

Some plans may have both a dollar amount and a percentage copayment.

Out-of-pocket expense – Those costs paid directly by the enrollee.

Report for precertified hospital stays (if applicable).

Report for stays at "in-network"/participating hospitals.

Do not include any physician charges incurred during the hospital stay.

- 155 Yes – Continue with Question 13b
 2 No – SKIP to Question 13c

152 \$. 0 0 Amount paid by enrollee for hospital care

- 154 Per day
 2 Per stay

AND/OR

153 % Paid by enrollee

c. Was physician care covered under this plan?

d. How much and/or what percentage of the total bill did an enrollee pay out-of-pocket for an office visit after any annual deductible was met?

Some plans may have both a dollar amount and a percentage copayment.

Report the copayment for an "in-network"/participating general practitioner during normal office hours.

- 218 Yes – Continue with Question 13d
 2 No – SKIP to Page 6, Section B, Question 14a

156 \$, . 0 0 Amount paid by enrollee for office visit

AND/OR

157 % Paid by enrollee

Section B – PLAN INFORMATION – Continued

Copayments – Continued

14a. What was the maximum amount this plan would have paid for an enrollee over his/her lifetime?

159

OR

158 No lifetime maximum

b. What was the maximum amount this plan would have paid for an enrollee in one year?

160

OR

221 No annual maximum

15a. What was the maximum annual out-of-pocket expense for an individual?

Out-of-pocket expense – Those costs paid directly by the enrollee.

Include all copayments and deductibles.

This is often referred to as a catastrophic limit.

161

OR

163 No individual maximum

b. What was the maximum annual out-of-pocket expense for a typical family of four?

162

OR

222 No family maximum

Plan characteristics

16a. Could this plan have refused to cover persons with certain pre-existing medical or health conditions?

183 1 Yes – Continue with Question 16b
2 No – SKIP to Question 17

b. Did this happen in 1997?

184 1 Yes
2 No

17. Did this plan have a policy requiring a waiting period before covering pre-existing conditions?

185 1 Yes
2 No

18. In what month did the plan year begin?

Enter a two-digit numeric response.
Example: January = 01; May = 05

123 Month

Section B – PLAN INFORMATION – Continued

Plan characteristics – Continued

19. Which of the services listed were covered by this plan?

Mark (X) all that apply.

- 164 Routine mammograms
- 165 Adult routine physical exams
- 166 Routine pap smears
- 167 Office visits for prenatal care
- 168 Adult immunizations
- 169 Child immunizations
- 170 Well-baby care, under 1 year
- 171 Well-child care, 1–4 years
- 173 Chiropractic care
- 174 Other non-physician providers (such as physical therapists, podiatrists, and midwives)
- 175 Outpatient prescriptions
- 176 Routine dental care
- 177 Orthodontic care
- 178 Skilled nursing facility (convalescent care)
- 179 Home health care
- 180 Inpatient mental illness
- 181 Outpatient mental illness
- 182 Alcohol/substance abuse treatment

Current plan information

Question 20 refers to the **1998** plan year.

20a. Is this plan also being offered in the 1998 plan year?

- 186 1 Yes – *SKIP to Question 20c*
- 2 No – *Continue with Question 20b*

b. If this plan is no longer offered, was it replaced with a similar plan, replaced by a substantially different plan or dropped without replacement?

- 187 1 Replaced with similar plan
 - 2 Replaced by a substantially different plan
 - 3 Dropped without offering replacement – *SKIP to Page 8, Section C, Question 1*
- } *Continue with Question 20c*

Please answer for this plan or the one which replaced it.

c. For 1998, how many members are enrolled in single coverage during a typical month?

188 Members enrolled in single coverage

d. For 1998, how many members are enrolled in family coverage during a typical month?

189 Members enrolled in family coverage

e. For 1998, what is the total annual premium for ONE TYPICAL enrollee with SINGLE coverage?

190 \$, . 0 0 Single coverage premium

f. For 1998, what is the total annual premium for ONE TYPICAL enrollee with FAMILY coverage?

191 \$, . 0 0 Family coverage premium

Section D – UNION CHARACTERISTICS

Member characteristics	
<p><i>Estimates are acceptable for all membership, eligibility, and enrollment figures.</i></p> <p>1a. How many members did your union have at this location for a typical month in 1997?</p>	<p>200 <input style="width: 60px; height: 20px;" type="text"/> All members</p>
<p>b. If you offered health insurance, how many of these members were ELIGIBLE for health insurance coverage through the union?</p>	<p>201 <input style="width: 60px; height: 20px;" type="text"/> Eligible members</p>
<p>c. How many of these eligible members were ENROLLED in a health insurance plan you offered?</p>	<p>202 <input style="width: 60px; height: 20px;" type="text"/> Enrolled members</p>
<p><i>Estimates are acceptable.</i></p> <p><i>Provide information for a typical month in 1997.</i></p>	
<p>2a. What percentage of your members at this location were women?</p>	<p>016 <input style="width: 60px; height: 20px;" type="text"/> % Women members</p>
<p>b. What percentage of your members at this location were 50 years old or older?</p>	<p>017 <input style="width: 60px; height: 20px;" type="text"/> % Members 50 years old or older</p>
<p>c. For the members at this location in 1997, approximately what percentage earned –</p> <p>Less than \$6.50 per hour? <i>Approximately \$13,000 a year or less</i></p> <p>Between \$6.50 and \$15.00 per hour? <i>Approximately \$13,000 to \$30,000 a year</i></p> <p>More than \$15.00 per hour? <i>Approximately \$30,000 or more a year</i></p>	<p>022 <input style="width: 60px; height: 20px;" type="text"/> % Earned less than \$6.50 per hour</p> <p>023 <input style="width: 60px; height: 20px;" type="text"/> % Earned between \$6.50 and \$15.00 per hour</p> <p>024 <input style="width: 60px; height: 20px;" type="text"/> % Earned more than \$15.00 per hour</p>
Location characteristics	
<p>3a. Through collective bargaining, did the union negotiate any of the following fringe benefits for its members at this location?</p> <p><i>See Definition Sheet for explanation of benefits.</i></p> <p><i>Mark (X) all that apply.</i></p>	<p>050 <input type="checkbox"/> Paid vacation</p> <p>051 <input type="checkbox"/> Paid sick leave</p> <p>052 <input type="checkbox"/> Life insurance</p> <p>053 <input type="checkbox"/> Disability insurance</p> <p>054 <input type="checkbox"/> Retirement/pension plans</p> <p>055 <input type="checkbox"/> Medical savings accounts (MSAs)</p> <p>056 <input type="checkbox"/> Flexible spending accounts</p> <p>057 <input type="checkbox"/> "Cafeteria style" benefits plan</p>
<p>b. If you offer a "cafeteria style" benefits plan, what is the average annual value of the plan, PER MEMBER, at this location?</p>	<p>058 \$ <input style="width: 40px; height: 20px;" type="text"/> , <input style="width: 40px; height: 20px;" type="text"/> . <input style="width: 20px; height: 20px;" type="text"/> 0 <input style="width: 20px; height: 20px;" type="text"/> 0 Cafeteria plan value</p>
Union characteristics	
<p>4. What is the total number of members your union had at all locations for a typical month in 1997?</p> <p><i>Estimates are acceptable.</i></p>	<p>034 <input style="width: 60px; height: 20px;" type="text"/> Members at all locations</p>

500 Remarks

Section E – PERSON COMPLETING THIS QUESTIONNAIRE

212 Name <i>(Please print)</i>				213 Title							
Signature						214 Date <i>(Month/Day/Year)</i>					
				M	M	D	D	Y	Y	Y	Y
								1	9	9	
215 Telephone number ()		220 Extension		216 FAX number ()				217 E-Mail address			